

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER D-02	PAGE NUMBER 1 OF 13
	RELATED NCCHC/ACA STANDARDS: P-D-02/4-4378, 4-4382 (ESSENTIAL)	
CHAPTER: 11 HEALTH SERVICES	SUBJECT: MEDICATION MANAGEMENT	
APPROVED BY THE COMMISSIONER:		
EFFECTIVE DATE: 11-19-07		

PURPOSE:

To provide medication services that are sufficient to meet the needs of the inmates in the institution, clinically appropriate, provided in a timely and safe manner and adhere to required state regulations, standards and community practice. Policies and procedures pertaining to medication services are addressed in Section D-02.1 through D-02.7 of this manual.

D-01 Medication Administration

D-02.1 Prescribing Authority and Stop Dates

D-02.2 Transcription of Medical and Telephone Orders

D-02.3 Medication Administration Record (MAR)

D-02.4 Medication Errors

D-02.5 Psychotropic Medication

D-02.6 Monitoring Psychotropic Medication

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-02

American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2003. 4-4378

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MEDICATION ADMINISTRATION: D-01

PURPOSE:

For inmates to receive prescribed medications in a timely and appropriate manner.

POLICY:

1. Prescribed medication will be administered as directed by the physician or other authorized person to prescribe medication.
2. Administration will be accomplished by nurse administered, (dose by dose provision of medications from a nurse to patient with documentation on a MAR), self-administration (Keep On Person); pill-line. With the exception of medications that are ordered as nurse administered, medications in certain categories (as listed below) and medications provided to inmates in specific designated housing areas (special needs housing) delivery will be made to specific housing areas or via pill line.
3. THE FOLLOWING medications will be nurse administered WITH DIRECT OBSERVATION:
 - a. Controlled or abusable drugs,
 - b. History of treatment non-compliance,
 - c. Designated drugs (e.g., tuberculosis).
 - d. Psychotropics
 - e. Or specifically ordered by practitioner

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4. Medication Administration Record (MAR) will be utilized to prepare and document the administration of prescribed medication. (See MAR section of this policy)
5. Inmates who have: (a) missed or refused three consecutive doses of prescribed medication, or (b) missed or refused prescribed medication on three consecutive days will be scheduled for counseling with an advanced practice nurse, physician's assistant, or physician. The counseling shall be documented by the advance practice nurse, physician's assistant, or physician in the inmate medical record. If the medical record (including the Medication Administration Record) reveals a history of repeated non-compliance with a prescribed medication regimen, the inmate's non-compliance must be reviewed by a physician. If the inmate continues to refuse or miss prescribed medication despite physician counseling, the inmate may be asked to sign a release acknowledging that he or she has been counseled on the risks and declines the prescribed medication.
6. For purposes of this policy, a "missed" dose is defined to include doses that are not administered because the inmate failed to appear at the appropriate time and place to receive the prescribed medication.
7. For purposes of this policy, a prescribed medication is deemed to have been "refused" if the inmate was offered the medication at the appropriate time and place, but the inmate declined to consume, administer, or otherwise accept the medication.
8. Inmate compliance with psychotropic medication will be monitored as noted in section D02.7 of this policy, Monitoring Psychotropic Medication.
9. Over the counter medications administered by the health care staff are documented in the progress notes of the medical record.

References:

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PRESCRIBING AUTHORITY AND STOP DATES: D-02.1

PURPOSE:

To periodically review the inmate's medical condition in order to evaluate health status and appropriateness of medication.

POLICY:

1. Medications requiring a prescription will be administered only when prescribed by a physician, psychiatrist, dentist, physician's assistant or advanced practice nurse licensed in the state to prescribe medication.
2. DEA controlled medications will not be prescribed for more than 30 days unless approved by the Site Medical Director. RENEWAL OF PRESCRIPTION PAST 30 DAYS WILL BE REVIEWED BY REGIONAL MEDICAL DIRECTOR IN DISCUSSION WITH PRESCRIBING PRACTITIONER.
3. All medications will be reviewed by the prescribing authority every 120 days or sooner, if clinically indicated. Medications ordered for inmates enrolled in a chronic care clinic, including chronic psychotropic medications, will be renewed every 90 days.
4. All medication orders will include the date and time the order was written, name of medication, dosage of medication, administration frequency, duration of therapy, name and signature (or co-signature) of the ordering practitioner.
5. The facility must ensure that medications prescribed for a chronic problem are never unintentionally disrupted or discontinued.

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-02

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TRANSCRIPTION OF MEDICATION AND TELEPHONE ORDERS: D-02.2

PURPOSE:

Medications prescribed by the practitioner are received and administered to the inmate in an accurate and timely manner.

POLICY:

1. Medication orders will be recorded on the Physician Order form.
2. The practitioner will flag the inmate medical record to alert nursing staff of new medication orders.
3. Medication orders are to be transcribed as soon as possible, but no later than the end of the shift during which the order is written. Transcribed orders will be checked or bracketed to indicate the order(s) have been noted and the transcribing nurse's signature, title, date and time will be recorded.
4. The medication order is transcribed from the Physician Order form to the inmate's MAR
5. Telephone orders will be documented on the Physician Order form and will include the date, time of order, name of medication, dosage of medication, administration frequency, duration of therapy, notation order was by telephone, ordering physician name, and name of licensed staff receiving order.
6. Telephone orders will be counter-signed by the ordering practitioner within 72 hour or next time practitioner is on site.

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MEDICATION ADMINISTRATION RECORD (MAR): D-02.3

PURPOSE:

Medication given is accurately documented in the inmate's medical record.

POLICY:

1. An inmate-specific Medication Administration Record (MAR) documents the administration and distribution of prescribed medications.
2. Healthcare staff will initial and note on the MAR each time a medication is ordered to be administered.
3. The completed MAR is a permanent part of inmate's medical record.
4. Healthcare staff completes the required demographic information each time a new MAR is initiated.
 - I. Inmate name
 - II. ID number
 - III. Housing and/or cell location (must be changed on the MAR if inmate is moved), as needed.
 - IV. Allergies to medications. "NKA" may be used if inmate states "No Known Allergies."
 - V. Applicable month and year
5. Medication orders are transcribed onto the MAR initially. A new MAR is generated each month if medication order is still valid.

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6. The following information from the medication order form is documented for each medication on the MAR:
 - I. Start Date: Date prescription written
 - II. Stop Date: Date duration of therapy will end
 - III. Initials: Initials of staff member transcribing order onto MAR
 - IV. Drug name, dosage of drug, mode of administration (if other than by mouth) and frequency of administration.
 - V. Time administration: As ordered
 - VI. Name of prescriber.
7. Healthcare staff designated to administer medication will sign their name, date and identifying initials in appropriate area on the MAR.
8. A line or distinctive color blocking out all dates on the MAR that are not included in the start-stop dates will be drawn (e.g., start date January 5, stop date January 12. A line is drawn through the blocks for January 1-4 and January 13-31).
9. Discontinued orders will be marked D/C on the date discontinued and remaining MAR space blocked out.
10. Staff administering medications will document in the appropriate date and time square for all medications administered. The following codes will be used:
 - I. Nurse's initials - Medication administered to inmate
 - II. D/C - Discontinued Order

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- III. R - Inmate refused medication. Note documenting refusal should be made by nurse on back of MAR and inmate requested to sign a Release of Responsibility form for Medical Record
- IV. S - Self-administered dose given to inmate. Inmate will sign MAR indicating receipt of medication.
- V. DO - Dose omitted with explanation on back of MAR.
- VI. O - Any other reason inmate does not receive prescribed medication should be explained on back of the MAR.
- 11. Over-the-counter medication given to the inmate by healthcare staff should be documented in the progress note of the medical record.
- 12. When providing self-medication (KOP) medications, staff will note on the MAR and have the inmate sign for receipt of medication and understanding of usage. Document the date, # of pills, instructions and place a signature attesting to inmate receiving medication.
- 13. Back of the MAR may be used to make appropriate treatment notes regarding medication side effects or testing (e.g., finger stick blood sugars, blood pressure).
- 14. Completed MAR's will be filed in the inmate's medical record.

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MEDICATION ERRORS: D-02.4

PURPOSE:

Medication administration errors are documented and investigated promptly.

POLICY:

1. Medical and custody administration will create an environment where staff are not reluctant to report medical errors.
2. Medication errors will be documented and investigated promptly by the nurse on duty and Health Services Administrator or designee.
3. If a wrong medication or dosage is administered, the nurse will notify the physician immediately.
4. The nurse will implement any orders received, including inmate assessment and monitoring.
5. Nursing interventions will be documented in medical record.
6. Medication Error Reports are to be brought to attention of Health Services Administrator or designee prior to end of shift.
7. Medication Error Report will not be filed in inmate's Medical Record, but kept in Health Services file. The Health Services Administrator or Director of Nurses will maintain a confidential file of reports.
8. Office of Health Services will receive a copy of the medication error report.
9. Medication errors will be investigated and corrective action documented. This is a Quality Improvement activity and is considered confidential and privileged communication.
10. Any error report document, or other document generated as a result of this policy is created for the purpose of analyzing and reviewing the delivery of healthcare services. The function of an error report is to permit the review of medical records, medical care, and

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11. physicians' work, with a view to the quality of care and utilization of hospital resources, office visits, and trained medical staff. Accordingly, any document generated pursuant to this policy is intended to be confidential as set forth at 24 *Del. C.* § 1768.

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PSYCHOTROPIC MEDICATION: D-02.5

PURPOSE:

Inmates requiring psychotropic medication are evaluated and monitored by a psychiatrist. Mental health and nursing staff provide support to psychiatrist to insure adequate monitoring of inmates prescribed psychotropic medication.

POLICY:

1. Psychotropic medications are provided when a psychiatrist recommends this treatment strategy.
2. Psychotropic medications are used for clinical benefit only.
3. Psychiatrist routinely monitors inmate's prescribed psychotropic medication.
4. Psychiatric evaluation for use of psychotropic medication will include review of medical record and referral for medical examination and diagnostic studies at a minimum, as indicated in DOC protocol for Standardized Labs for Inmates on Psychotropic's.
5. When an inmate is prescribed a psychotropic medication, the psychiatrist will inform the inmate of the reasons for the medication, the anticipated benefits, the probable consequences if medication is not accepted, and the possible major side effects of the medication and any alternative treatments. Informed consent for medication will be documented by completion of Informed Consent or by documenting the discussion occurred in the Progress Notes for that specific inmate encounter.
6. Inmates prescribed psychotropic medication will receive psychiatric follow up as ordered but no more than 90 days. Documentation of follow up will be maintained in the medical record. Documentation will include the following areas:
 - I. Current mental status

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- II. Response to treatment
- III. Continuing education of inmate about mental illness and medication
- IV. Referral for laboratory studies required when certain psychotropic medications are prescribed.
- V. Presence or absence of medication side effects.
- 7. Inmates prescribed any neuroleptic medication will be evaluated at baseline and at least bi-annually for the potential development of tardive dyskinesia.
- 8. Consistent with psychiatric clinical guidelines, inmates prescribed psychotropic medications with increased chance of toxicity for adverse medical problems will be monitored with appropriate laboratory testing.

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MONITORING PSYCHOTROPIC MEDICATIONS: D-02.6

PURPOSE:

Psychiatrist receives timely notification of noncompliance and/or other medication-related problems when inmate is prescribed a psychotropic medication.

POLICY:

1. Nursing staff administering the medication will monitor compliance and medication-related problems of inmates prescribed psychotropic medication. Nursing staff will notify psychiatrist of compliance problems in timely manner.
2. Nursing staff will refer the inmate to be seen by the prescribing physician and/or notify the physician in writing whenever MAR review indicates the following:
 - I. The inmate has missed or refused three (3) or more consecutive doses of medication or missed or refused doses of a medication on three (3) consecutive days.
 - II. Inmate reports or exhibits medication side effects requiring psychiatric attention.
 - III. Medication order will expire within seven (7) days.
3. The Mental Health Referral is forwarded to the psychiatrist for follow up.
4. The psychiatrist is contacted by phone if the situation requires immediate attention. Documentation of this conversation is made in the inmate medical record
5. Mental health staff will document issues in progress note and psychiatrist will document new or changed orders in the physician order's section of the medical record.

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